ILLINOIS WESLEYAN UNIVERSITY
STUDENT ACCOUNT REFUND REQUEST
STUDENT INFORMATION – PLEASE PRINT

IWU STUDENT ID NUMBER (NOT SS #)

DATE

Last Name

First Name  Middle Initial

Reason for refund: (please circle)

Overpay  Tuition Adjustment
Board Change  Room Change
Financial Aid  Loan

Other ____________________________

Student Signature: __________________________ Telephone Number: __________________________

(Signature required to process)

Checks will be made payable to the student and available for pick up at the Business Office windows

A credit is not valid when a credit balance is the result of “Expected” credits. Allow up to 10 days for processing valid refunds.

Bring completed form to the Business Office windows

or Mail to:
Illinois Wesleyan University
Student Accounts
P.O. Box 2900
Bloomington, Il.  61702-2900

or FAX to:
1-309-556-3411

THIS FORM IS NOT FOR FEDERAL TITLE IV REFUNDS